PSJ2 Exh 153

Silence the Stigma

Opioid Use Disorder and Addressing Stigma

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Stigma and Substance Abuse Disorder

- Merriam-Webster defines stigma as a mark of shame or discredit.

Stigma was described as a "pervasive and damaging influence on the quality of services, treatment outcomes, and therapeutic, professional, and personal relationships" (The Anti-Stigma Project, 2012).

- Healthcare providers can posses the same stigma (van Boekel et al., 2013)
  - Lower regard for treating patients with SUD
  - Nurses poorly motivated to provide care – concerns of violence, manipulation, unsafe
  - Group of healthcare professionals "feel unable or unwilling" to emphasize with patients with active SUD (McLaughlin et al., 2006)
  - Rehabilitation providers viewed persons with cocaine addition "more responsible" for their illness than patients with HIV/AIDS or depression

Barry CL, Mcginty EE, Pescosolido BA, Goldman HH. Stigma, discrimination, treatment effectiveness, and policy: public views about drug addiction and mental illness. *Psychiatr Serv*. 2014;65(10):1269-72.

Stigma

Types of Stigma:

- Social Stigma: extreme disapproval of person/group that are perceived from other members of society i.e. stereotyping
- Self Stigma: the internalizing by the individual of their perceptions of discrimination towards themselves. Shame in seeking assistance and help

Stigma results in:

- Prejudice and discrimination
- Fear and shame
- Distrust and disgrace
- Stereotyping and rejection
- Anger and frustration
- Avoidance of treatment and inadequate coverage
- Ostracism and denial of rights

Stigma and Clinical Consequences

- Patients with SUD facing stigma and discrimination from HCPs less likely to complete treatment (Brener et al., 2010)
  - Clinical consequence: lower treatment completion = ***shorter time to relapse***
- "Self-stigma" discourages patients to seek help and treatment (Keyes et al., 2010)
  - 4th most common reason patients with SUD avoid/delay treatment (Clement et al., 2015)
  - (2014 US Nat Survey) 25 million Americans aged 12+ met criteria for SUD, ***only 2.5 million seeked treatment***
  - Clinical consequence: less patients in treatment = ***increased overdoses per 100,000 persons***
  - **In-patient hospitalizations have increased 64% and ED visits increased 99% since 2009 (AHRQ, 2016)**

Stigma and Clinical Consequences

- Majority of patients with SUD also suffer from co-morbid conditions:
  - Lung Disease
  - Cirrhosis
  - Cardiovascular Disease
  - Diabetes
- Less likely to seek *any treatment* due to fear of discrimination, resulting in…(Vaughn et al., 2017)
  - 9x greater risk of congestive heart failure
  - 12x greater risk of severe cirrhosis
  - 12x greater risk of developing pneumonia
  - 25% less adherent to diabetes treatment

Opioid Statistics

- Prescription Opioids and Heroin
  - Nearly 80% of Americans using Heroin reported misusing opioids first
  - Individuals who misuse prescription opioid pain pills are forty times more likely to abuse heroin

- Prescription Opioid Misuse
  - $55.7 billion nationally
  - $25 billion in healthcare costs
  - $25.6 billion in lost workplace productivity
  - $5.1 billion in criminal justice costs

Changing our "Talking Points"

Pharmacist Next Steps to Reduce Opioid/SUD Stigma

Watch Your Language

- "Person-First" Language
  - Showcases that a person has a problem that can be addressed, rather than the person being the problem
  - *Avoid:* "Drug Abuser/User", "Heroin Junkie"
  - *Use: "Person with substance/opioid use disorder",*
- Minimize fear-based or "sensationalizing" phrases
  - These phrases perpetuate self-stigma and shame related to the condition
  - *Avoid: "suffers from/victim of opioid use disorder", "War on opioids", "opioid crisis"*
  - *Use: "he/she has opioid use disorder", "they are dependent on opioids", "opioid epidemic" (stick to the facts)*
- Role-model and educate on stigma-less thoughts/behaviors
  - Coach staff members/colleagues on minimizing stigmatizing language

Harm Reduction, not Abuse Prevention

- Needle-purchases – Risky "behavior" becomes touchpoint with healthcare professional
  - Talking points: being approachable and asking *every time* if patient has questions, Consider providing *every* patient resources/handouts
- Naloxone recommendations – "promoting behavior" becomes increased chances to seek treatment
  - Talking points: patients filling *> 50 Morphine Milligram Equivalents (MMEs)* recommended with "just in case" approach
  - Example: "I recommend to all my patients with similar medications having a reversal agent just in case of an accidental overdose, as I want you to be safe. What are your thoughts on me filling [naloxone] along with the [opioid]?"

Start the Conversation

- Assess current pain status
  - "How well has your pain been controlled on this medication?"
- Evaluate current use
  - "It can difficult to remember multiple doses of your medication. How often have you missed/forgot a dose of your pain meds?"
- Make the recommendation as a "just in case"
  - "I recommend to all my patients with similar medications having a reversal agent just in case of an accidental overdose, as I want you to be safe. What are your thoughts on me filling [naloxone] along with the [opioid]?"
- Identify/engage a caregiver

Take-Home Points

- Stigma takes shape in numerous forms, with it's impact on opioid and substance use disorder all too prevalent
- Stigma's effects on SUD not only harm the patient, but negatively affect the public and those who care for these patients
- First steps to addressing the stigma is a change in language, followed by education/empowerment of a healthcare team
- Education plays an important tool to combating the effect of stigma on SUD

Thank You!

Questions?

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